

Wisconsin Influenza Vaccination Prioritization Plan (The Plan)

Because the supply and distribution of influenza vaccine cannot be guaranteed, adherence to the Plan should be based on the principle that influenza vaccination programs should give highest priority to persons who are most likely to experience complications from influenza including death (see target groups on page 2). The ACIP recommends that vaccine campaigns conducted in October focus efforts primarily on persons at increased risk for influenza complications and their contacts, including health-care workers. Voluntary cooperation is needed from all providers of influenza vaccination services in Wisconsin. Modifications¹ to the Plan may be necessary in the event of delays in shipment of vaccine or shortages of influenza vaccine during the influenza season.

Time Period*	Activity
October	Vaccination of persons in risk categories 1 and 2. This is the optimal time to begin vaccination of high-risk persons and contacts of high-risk persons. Vaccination of children <9 years of age who are receiving vaccine for the first time should also begin in October because those persons need a booster dose 4-10 weeks after the initial dose. Persons planning organized mass vaccination campaigns should consider scheduling events after mid-October. Vaccination before October should be limited to high risk persons during routine health-care visits or during hospitalizations in September and for children <9 years who are receiving influenza vaccine for the first time.
November	Vaccination of persons should continue for persons at high risk and their contacts, but also vaccinate others (category 3) who wish to decrease their risk from influenza infection.
December and later	Vaccination of anyone who should be or who wants to receive influenza vaccine. Influenza vaccine should continue to be offered throughout the influenza season.

¹The role of local health departments (LHDs):

In anticipation of influenza vaccine shortages, LHDs will take the lead to:

- Determine if there are supplies of vaccine remaining in any clinic and/or facility in their service area following category 1 and 2 vaccination programs
- Share that information with clinics and facilities experiencing vaccine shortages so a temporary loan or sale of vaccine can occur to cover persons in risk categories 1 and 2. LHDs are not expected to transport vaccine.

Because LAIV is approved for use in healthy, nonpregnant persons aged 5-49 years, no recommendations exist for limiting the timing and prioritization of administering LAIV.

*If vaccine supply is adequate, tiered timing may be accelerated (e.g. those individuals to be vaccinated in December could be vaccinated in November).

An important message to providers of vaccination services: If you do not have sufficient vaccine for persons in risk categories 1 and 2 and are part of a health care system, contact your parent company to determine if vaccine can be redistributed within the health system.

Target groups for use in setting influenza vaccination priorities

Category 1	<p>Persons at increased risk of influenza-related complications, including:</p> <ul style="list-style-type: none"> • Persons 50 years of age and older. • Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions. • Adults and children who have chronic disorders of the pulmonary system, e.g., emphysema, chronic bronchitis or asthma. • Adults and children who have chronic disorders of the cardiovascular systems, e.g., congestive heart failure. • Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies (e.g., sickle cell disease), or immunosuppression (e.g., caused by medications or HIV). • Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration. • Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection. • Women who will be pregnant during the influenza season. • Children aged 6-59 months. • Children aged <9 years who are receiving vaccine for the first time (these persons need a booster dose 4-10 weeks after the initial dose).
Category 2	<p>Persons who have frequent contact with and can transmit influenza virus to persons at high risk:</p> <ul style="list-style-type: none"> • All health-care workers. • Employees of assisted living and other residences for persons in high-risk groups who provide direct care. • Providers of home care to people at high risk (e.g., visiting nurses and volunteer workers). • Household contacts (including children) of persons at high-risk. • Household contacts and out-of-home caregivers, particularly for contacts of children aged 0-23 months.
Category 3	<p>Otherwise healthy persons* who wish to reduce their likelihood of becoming ill with influenza, such as:</p> <ul style="list-style-type: none"> • Students and other persons in institutional settings (e.g., college students in dormitories). • Employees of health care facilities who do not provide direct patient care. • Persons who provide essential community services. • Healthy persons in the workplace. • Employees that can receive vaccine at work site clinics. • All others who wish to protect themselves from influenza.

*LAIV is an option for healthy, nonpregnant persons aged 5-49 years, including health-care workers and others in close contact with groups at high risk.